

To: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

IFW

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number

10/685,323

Filing Date

10/14/2003

First Named Inventor

Franck J. BARRAT

Art Unit

1644

Examiner Name

M.A. Belyavskiy

Attorney Docket Number

DX01177B

ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form (1 page)

☐ Fee Attached

☒ Amendment/Reply (9 pages)

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☐ Power of Attorney, Revocation
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication
to Group

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please
Identify below):

Remarks:

- Resubmittal of Information Disclosure Statement and PTO/SB/08 (5 pages)
- Copies of 23 cited references; AA thru AW (*not included in page count)
- Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual

Sheela Mohan-Peterson, Reg. No. 41,201
DNAX Research, Inc.
901 California Ave.
Palo Alto, CA 94304-1104

Signature

Sheela Mohan-Peterson

Date

13-Dec-2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO, Fax Number (571) 273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Typed or printed

Melanie Lyons

Signature

Melanie Lyons

Date

12-13-05

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2005**

Complete if Known

Application Number	10/685,323
Filing Date	10/14/2003
First Named Inventor	Franck J. BARRAT
Examiner Name	M.A. Belyavskyi
Art Unit	1644
Attorney Docket No.	DX01177B

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Other ☐ None☒ Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<u>Application Type</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12 - 20 or HP =	0	x	=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1 - 3 or HP =	0	x	=

HP = highest number of independent claims paid for, if greater than 3

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Other: _____

SUBMITTED BY

(Complete (if applicable))

Name (Print/Type) Sheela Mohan-Peterson Registration No. 41,201 Telephone 1-650-496-6400

Signature

Sheela Mohan-Peterson

Date

13-Dec-2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Franck J. BARRAT, et al.

Application No.: 10/685,323

Filed: October 14, 2003

For: REGULATORY T CELLS;
METHODS

Examiner: M.A. Belyavskyi

Art Unit: 1644

Conf. No.: 5022

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 13, 2005.

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

by:


MELANIE LYONS

AMENDMENT AND RESPONSE

Honorable Sir:

In response to the Office action dated September 21, 2005, Applicants submit the following amendment and response. Reconsideration is respectfully considered.

Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 5 of this paper.

Remarks/Arguments begin on page 7 of this paper.